

Student First Name \_\_\_\_\_

Student Last Name \_\_\_\_\_

**TEMPORARY MEDICAL GUARDIANSHIP 2010 - 2011**

TO WHOM IT MAY CONCERN:

I (we) the undersigned \_\_\_\_\_ are the natural parents or legal guardians of \_\_\_\_\_  
*(please print clearly)*

During our absence he/she has been placed in the temporary care of **THE COLONY HIGH SCHOOL BAND**, who is/are empowered by this statement to call for and authorize medical care and assistance in the event of injury, accident or illness involving my (our) child or children. It is my (our) intention that this statement serves as authorization for such medical care to be administered during the following period of time: Beginning Date: **June 01, 2010** through the Ending Date: **July 31, 2011**.

In the event that further medical consultation is required, the **physician** who has most recently examined the

child/children is: \_\_\_\_\_ Phone: \_\_\_\_\_ Child DOB: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Drugs: \_\_\_\_\_ Foods: \_\_\_\_\_ Last Tetanus: \_\_\_\_\_

List all medical conditions, history of surgeries, and serious injuries (use other side if needed):

List Names and Doses of all regular medications:

**Insurance information (recommended)**

In case of emergency, the following person/people is/are also authorized to give consent for treatment if the parent/legal guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

→ **Parent/Legal Guardian:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Emergency Contact Numbers for Parents** (include Home, Work, and Cell phones)

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**LISD DRUG POLICY**

LISD Policy allows for students to keep prescription and/or over-the-counter medications with them, provided they have a note with dosing instructions signed by their parent/guardian. If preferred, medications and instructions may be given to a director/chaperone to be dispensed at the appropriate time.

Students may **not** share any medications, nor receive **any other medications** from any other parent/student.

All controlled substances, such as narcotic pain medications, Ritalin, etc., **must** be collected by the directors/designated head chaperone with appropriate dosing instructions signed by the parent/legal guardian.

All medications must be in the original containers.

**PRIVACY STATEMENT**

For your information, please be advised that all information on this form will only be used to assist in obtaining emergency medical treatment. I have read and understand the above LISD policy on medication, as well as the above Privacy Statement.

→ **Parent/Legal Guardian Signature:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_